



LITTLE RIVER BAND OF OTTAWA INDIANS
DEPARTMENT OF COMMERCE
WORK FORCE DEVELOPMENT PROGRAM
APPLICATION FOR PROGRAMS

CITIZEN INFORMATION:

Name: _____ Enrollment #: _____

Current Address: _____

Street City State Zip
Telephone Number: () _____ Alternate Telephone Number: () _____

Email Address: _____ Currently Employed: Y N

Company Name: _____ If no, are you actively seeking employment? Y N

Attending or Graduated College: Y N If yes, name: _____

High School Diploma or GED? Y N Year? _____ Do you have a Resume? Y N

PROGRAMS OF INTEREST: Please review Program Guidelines for Eligibility and Purpose

- | | |
|---|---|
| <input type="checkbox"/> Career Assistance Voucher | <input type="checkbox"/> Internship Educational Grant |
| <input type="checkbox"/> Internship Hosting | <input type="checkbox"/> Development and Training |
| <input type="checkbox"/> Employment Daycare Assistance | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Employer Incentive Rebate Program -- See Director-Business must be pre-approved. | |

LIST FINANCIAL NEEDS-BARRIERS TO EMPLOYMENT-PURPOSE OF FUNDS:

Authorization to Release Information:

As an applicant to receive benefit(s) under the Work Force Development Program of the Little River Band of Ottawa Indians, I understand that there is certain information that will be required to be verified by the Department Of Commerce. I authorize representatives of the Little River Band of Ottawa Indians Department of Commerce to confirm necessary information relative to my application, including by way of example but not limited to:

Membership Status with Little River Band of Ottawa Indians	Salary information, including hourly wage
Confirmation of Employment by my Employer	Benefits, if any, available through employment
Work Schedule or hours worked	College Enrollment, GPA, Student Status

I further understand that there may be other information requests made by the Department of Commerce to verify additional conditions of employment, or adverse information in the event of termination. I consent to the release of additional information if or when such additional information request is made.

I do hereby release any organization supplying confirmation to the Department of Commerce, its associates and affiliates, including representatives or its employees from any and all liability that may arise in connection with this authorization.

I acknowledge and agree that Mr. Robert Memberto, Director of Commerce, and/or a Department of Commerce Representative, on behalf of Little River Band of Ottawa Indians, is the designated party that is authorized to obtain and receive information connected with this application for benefit(s).

I understand that this information is used to determine eligibility, program participation and benefit award, and that the information is confidential, and will not be utilized or shared with any other department or organization.

(Signature of Applicant)

(Date)

This "Authorization for Release of Information" is valid for 1 year from the date signed, or during program participation, which ever ends first.